

## TREE PRUNING/REMOVAL PERMIT REQUEST

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

please include zip code

1. Location of tree work if different from above address:

\_\_\_\_\_

2. Are you the owner of this property? \_\_\_\_\_ or are you acting as the agent for the property owner? \_\_\_\_\_ if so, we must have the property owner's signature

\_\_\_\_\_

3. Is the work on the planting strip, or is it on an unimproved right-of way?

4. What is the purpose of work (View pruning, routine maintenance - thinning/removal of branches, removal of a dead/dying tree, or... something else)?

\_\_\_\_\_

5. Would you like the Arborist or his representative to meet you on site? \_\_\_\_\_

6. Describe work requested and indicate the number and type of trees involved. Illustrate below or on the back to clarify if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Indicate the tree service you intend to contract for the requested work. Have you already contacted them? Company: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Contacted yet? \_\_\_\_\_

8. What is your goal for when work is to begin? Date: \_\_\_\_\_

***DO NOT SEND MONEY  
ALL FEES COLLECTED BY THE STREET USE PERMIT COUNTER***

Seattle Department of Transportation, Seattle Municipal Tower, PO Box 34996, 700 Fifth Avenue, Suite 3900,  
Seattle, WA 98124-4996

Telephone: (206) 684-7649, TTY/TDD (206) 684-4009, FAX: (206) 615-0899